

EXHIBIT XVI-E-1
REQUIRED FIELDS FOR ADVANCE COLLECTIONS REMITTANCE ADVICE

Item	Description
CHECKING ACCOUNT NUMBER (CHECKING ACCOUNT NO.)	Enter the agency Checking Account Number in the Checking Account No. box.
REMITTANCE ADVICE NUMBER (REMITTANCE ADVICE NO.)	Enter a unique 5-digit number to the right of R in the Remittance Advice No. box. Each checking account number must have its own agency assigned range of RA numbers, which cannot be duplicated within the same fiscal year. The 5-digits must be numeric.
AGENCY	Enter the agency name . Use the full name of department, board or commission.
FOR CREDIT TO (FUND)	Enter the UCM Fund number and name if the remittance is only for one fund. If the RA is for more than one fund, enter Various .
APPROPRIATION DATA	Enter Advance Collections .
FUND	Enter the UCM Fund number in the first four positions of the field. Leave the last three positions blank unless a sub-fund is designated by SCO. (Example: 0942001, Special Deposit Fund.)
AGY	<u>Leave Agency Code blank.</u> (See REV/OBJ, below.)
FY	<u>Leave Fiscal Year Code blank.</u>
ACCT	Enter the 4-digit General Ledger Account Code <ul style="list-style-type: none"> • 3410 - Revenue • 3420 - Reimbursements • 3430 - Operating Revenue
REV/OBJ	Enter the 4-digit Organization code (nnnn) :
AMOUNT	Enter the amount .
DESCRIPTION	Enter one of the following, as appropriate : <ul style="list-style-type: none"> • Revenue collected in advance; • Reimbursements collected in advance; or • Operating Revenue collected in advance.
COLLECTION PERIOD	Enter the beginning and ending dates of the collection period . The Collection Period should have no gaps between forms. For example, if the ending date on the last collection period was June 30, 20nn and there were no collections for July and August, September's RA should have collection dates of 'July 1, 20nn to September 30, 20nn. If 'old' cash is later discovered, e.g., in November for August collection, the cash should be remitted separately and display a collection period of "August 1, 20nn to August 31, 20nn."
NAME	Type the name, title and phone number of the person signing the form. Enter the signature. SCO would also like a contact name and phone number if different than the person signing.

EXHIBIT XVI-E-2 -- ADVANCE COLLECTIONS EXAMPLE

STATE OF CALIFORNIA
REPORT TO STATE CONTROLLER
OF REMITTANCE TO STATE ACCOUNT
 TC - 47

CHECKING ACCOUNT NO.	REMITTANCE ADVICE NO.
111	R 11111

AGENCY:	FOR CREDIT TO: (FUND)	APPROPRIATION DATA:
DEPARTMENT OF AIR QUALITY	0001 GENERAL FUND	Advance Collections

[illegible]

TO STATE CONTROLLER: I hereby certify that the foregoing report is a correct statement of all monies received by the above named agency and on account of said Fund or Appropriation during the periods stated below in accordance with Section 12418 of the G

(Signed)	
OFFICIAL TITLE Accounting Administrator	
DATE 10/5/20nn	
CONTACT John Doe	PHONE (916)445-9999

Collection period from **September 1, 20nn** to **September 30, 20nn** inclusive.

CA 21A (11-2004) PC Excel 97 Version

Original - State Controller's Office Duplicate - Agency Copy

EXHIBIT XVI-E-3
POSTING TAG FOR ADVANCE COLLECTIONS REMITTANCE ADVICE

FIELD NAME	INFORMATION
TC	Enter 105. TC 105 debits GL 1115 and credits GL 1110.
FFY	Enter the current fiscal year.
VENDOR/S (Vendor Number/Suffix)	Enter the Vendor Number for the State Treasurer's Office.
DOC DATE (Current Document Date)	Enter the last date of the collection period on the RA. This ensures that the remittance transaction is posted correctly on the H05 Report.
CUR DOC/S (Current Document/Suffix)	Enter the RA number (Rxxxxx) from the Remittance Advice box on the Form CA-21A.
PCA	Optional field - Enter the appropriate PCA.
AMOUNT	Enter the remittance amount.
CHECK	First 3 digits - Enter the 3-digit bank account number from the Checking Account No. box on the RA. Fourth digit – Enter R. Last 5 digits – Enter the 5-digit agency assigned number from the Remittance Advice box on the RA.
FUND SRCE (Fund Source)	Optional field.
FUND/DTL (Fund/Fund Detail)	Required only if PCA is not entered. Refer to the PCA Table through Command I.9 .
METHOD	Optional field.
DUE DATE	Enter the date the RA is prepared and/or faxed to SCO.

EXHIBIT XVI-E-4
POSTING TAG FOR CONTROLLER'S RECEIPT JOURNAL ENTRY (CRAnnnnnnn)

FIELD NAME	INFORMATION
TC	Enter TC 137 for Advance Collections. TC 137 debits GL 1140 and credits GL 1115.
FFY	Enter the appropriate year.
DOC DATE (Current Document Date)	Enter the journal entry (JE) date.
CUR DOC/S (Current Document/Suffix)	Enter the JE number (CRAxxxxxx).
PCA	Optional field - Enter the appropriate PCA.
AMOUNT	Enter the remittance amount.
FUND SRCE (Fund Source)	Required only if PCA is not entered. Refer to the PCA Table through Command I.9 or refer to the TC 105 entry that posted the RA.
FUND/DTL (Fund/Fund Detail)	Required only if PCA is not entered. Refer to the PCA Table through Command I.9 or refer to the TC 105 entry that posted the RA..
METHOD	Required only if PCA is not entered. Refer to the PCA Table through Command I.9 or refer to the TC 105 entry that posted the RA..